

# CLAIMS ONLY

SERIAL NO.	FILING DATE
APPLICANT(S)	

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		←		←		←					←	
TOTAL CLAIMS												
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TOTAL IND.		↓		↓		↓					↓	
TOTAL DEP.		←		←		←					←	
TOTAL CLAIMS												

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS